



Partnering With Offices on Aging to Improve Quality of Life for People With Arthritis in Underserved Areas

Producing Results

Newly trained leaders for the Arthritis Self-Help Course offered courses in hospitals and senior centers where arthritis-specific interventions had not been available. New York's strategy to expand availability of the Arthritis Self-Help Course by working with senior centers, health systems, and county offices on aging may serve as a model for other states, to increase the availability of interventions.

Public Health Problem

In 2002, the national estimate for the prevalence of physician-diagnosed arthritis was nearly 21 percent (43 million adults), making it among the most common health problems in the United States. In New York, 26.5 percent of adults (approximately 3.6 million) reported that a physician had told them they had arthritis, including 1.3 million persons aged 65 years or older.

Taking Action

With CDC support, the New York State Department of Health collaborated with the New York State Office for Aging and chapters of the Arthritis Foundation to offer evidence-based interventions in six underserved counties in the state. Along with the Arthritis Foundation chapters, the two New York State agencies identified urban and rural areas that were medically underserved. Data from the Index of Medical Underservice were used to determine the target counties for implementation of the Arthritis Self-Help Course. Nine partners representing senior centers, county offices on aging, and a health care network participated in this effort.

Leaders for the Arthritis Self-Help Course were trained to serve in all six counties targeted. In spring 2004, the newly trained leaders offered courses in hospitals and senior centers where arthritis-specific interventions had not been available.

Implications and Impact

The Arthritis Self-Help Course has been proven to reduce the impact of arthritis by reducing pain and physician visits. Nationally, less than 1 percent of people with arthritis who could benefit from self-management programs used them. These interventions are especially scarce in rural settings. New York's strategy to expand the availability of the Arthritis Self-Help Course by working with senior centers, health systems, and county offices on aging may serve as a model for other states to increase the availability of interventions. More widespread use of evidence-based interventions could improve the quality of life among persons with arthritis and reduce direct and indirect medical costs.

Contact Information

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